



AMERICAN SOCIETY OF HEMATOLOGY

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June 25, 2019

The Honorable Richard Neal
Chairman
House Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
House Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the American Society of Hematology (ASH), which represents more than 17,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including blood cancers such as leukemia, lymphoma, and myeloma, I am writing in support of H.R. 2498, the "Patient Access to Cellular Transplant (PACT) Act," introduced by Representatives Kenny Marchant, Ron Kind, Doris Matsui, and Gus Bilirakis. This bipartisan bill would ensure that hospitals providing hematopoietic cell transplantation (HCT) to Medicare beneficiaries receive adequate payments, similar to those hospitals receive for solid organ transplants. ASH urges the Committee on Ways and Means to consider and approve this legislation so it can be brought to the floor for a vote.

HCT includes the transplantation of hematopoietic stem cells, which usually derive from bone marrow, peripheral blood, or umbilical cord blood. HCT is the standard of care for more than 70 diseases, including blood cancers, such as leukemia and lymphoma. Cell acquisition cost varies and is dependent on clinical factors as well as cell source. With these acquisition costs and average length of stay, the Medicare reimbursement does not cover the hospitals' costs of providing the service. It is not sustainable for hospitals to continue performing this service at this reimbursement rate and may negatively impact patient access.

The PACT Act would help rectify this problem by ensuring that reimbursement for hematopoietic stem cell acquisition costs is consistent with solid organ acquisition costs. Solid organ transplant programs receive a payment separate from the Medical Severity Diagnosis Related Group (MS-DRG) for the cost of locating and purchasing the organ used for transplant. If the acquisition cost for donor cells and umbilical cord blood was reimbursed on reasonable cost basis, hospitals would be able to cover their costs under the MS-DRG for HCTs, eliminating the threat to patient access. Historically HCT was limited mainly to younger patients, but recent advances in HCT for patients with blood cancers have made it feasible, and now standard to care, to use this potentially life-saving approach for individuals over the age of 65 and Medicare eligible. The Society urges quick passage of this legislation.

Thank you for your consideration of this legislation, which would provide adequate reimbursement to hospitals providing HCT to Medicare beneficiaries. ASH remains committed to removing barriers to access to care and the heavy cost burdens on hematology patients. Please do not hesitate to contact ASH Senior Manager of Legislative Advocacy, Tracy Rodes (202-776-0544 or trodes@hematology.org) or ASH Policy and Practice Manager, Leslie Brady (202-776-0544 or lbrady@hematology.org) if you have any questions or need additional information.

Sincerely,

Roy L. Silverstein
President

cc: The Honorable Ron Kind
The Honorable Kenny Marchant
The Honorable Doris Matsui
The Honorable Gus Bilirakis

2019

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